



**BOARD OF BARBERING AND COSMETOLOGY**  
**P.O. BOX 944226**  
**SACRAMENTO, CA 94244-2260**  
**INFORMATION: (916) 574-7570/FAX (916) 575-7281**  
**www.barbercosmo.ca.gov**



## REQUEST FOR CHANGE OF NAME

### Instructions to Licensee/Applicant:

- Complete this form if your name has changed since the last time you applied for the examination or were initially licensed by the Board.
- Provide **ALL** of the required documentation. Failure to do so could result in delays in processing this request.

**(Please type or print legibly in ink)**

ORIGINAL NAME ON LICENSE/APPLICATION (First, Middle, Last)		LICENSE/APPLICANT NUMBER
ADDRESS <div style="display: flex; justify-content: space-between;"> <span>Number and Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>		
NEW NAME (First, Middle, Last)		
BIRTHDATE (mm/dd/yy)	LAST 4-DIGITS OF SOCIAL SECURITY NUMBER*	PHONE NUMBER  (      )
<p>I have attached photocopies of the following:</p> <ol style="list-style-type: none"> <li>1. A current government-issued photographic identification (i.e. drivers license, alien registration, passport, etc.)</li> <li>2. One of the following photocopied documents as legal proof of my name change: (Check only one box)</li> </ol> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Certified Court Order</div> <div style="width: 50%;"><input type="checkbox"/> Dissolution of Marriage (Divorce)</div> <div style="width: 50%;"><input type="checkbox"/> Notarized Document Verifying Name Change</div> <div style="width: 50%;"><input type="checkbox"/> Marriage Certificate</div> <div style="width: 50%;"><input type="checkbox"/> Certified Declaration/Registration of Domestic Partnership</div> </div>		
<p><b>OPTIONS FOR NAME CHANGE (Check only the one that applies to your situation)</b></p> <p><input type="checkbox"/> <b>Name change for the sole purpose of updating the Board's licensing records – A new license does not need to be issued</b>          Attach documentation as noted above and return this form; no replacement license fee is required. The next renewal notice will reflect correct name as it will appear on the renewed license. If this option is chosen and an inspection of the establishment occurs, the inspector will call the headquarters office to verify that a name change has been filed.</p> <p><input type="checkbox"/> <b>Name change not done at the time of renewal – A new license is requested.</b>          Attach documentation as noted above, <u>enclose your current valid license</u>, and include a \$10.00 replacement license fee and return this form. <b>A new license will not be issued unless your current valid license is returned. CAUTION - Pursuant to the requirements outlined in Section 7317 of the Business and Professions Code YOU MAY NOT LEGALLY WORK WITHOUT A VALID UNEXPIRED LICENSE.</b> A violation of this section is a misdemeanor. Violators will be subject to a fine.</p> <p><input type="checkbox"/> <b>Name change to update exam application records.</b>          Applicants are required to provide valid unexpired government-issued photographic identification at the time of examination. The name on the government-issued photographic identification <b>MUST</b> match the name on file in the Board's exam application records or the applicant will not be allowed to sit for the examination.</p>		
<p><i>I certify under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct and that I have not changed my name for fraudulent purposes.</i></p>		
<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">X</div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> <p>Signature</p>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <p>Date</p>
<p><small>* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS</small>          Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>		